PTO/SB/06 (08-03)
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to a collection of information unless it displays a valid OMB cost of such

	PATEN	Application or Docket Number									
	(	OR	OTHER SMALL	R THAN ENTITY							
	FOR	NUMBE	R FILED	NUMBE	R EXTRA		RATE FEE			RATE	FEE
	C FEE FR 1.16(a))						10112	s	OR	TOATE	s
TOTA	AL CLAIMS FR 1.16(c))		minus 20 =			ŀ	x \$ =			x \$=	<u> </u>
INDE	PENDENT CLAIMS					<b> </b>			OR		-
	FR 1.16(b))	minus 3 =   *				┟	x \$=		OR	× \$=	
MUL	TIPLE DEPENDENT (	CLAIM PRESEN	T (37	CFR 1.16(d))	Ĺ	+ \$=		OR	+ \$=		
* If th	e difference in colur	nn 1 is less tha	n zero, ente	r "0" in column 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL	
<i>#</i>	<del>'/                                    </del>	CLAIMS		HIGHEST	PRESENT	ſ			i		
ENT,	Α	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMEN	Independent * (37 CFR 1.16(b))	3	Minus	" <i>3</i>	=/		× \$=		OR	x \$=	
₹	FIRST PRESENTATION	ON OF MULTIPLE	IT CLAIM (37 CF	R 1.16(d))		+\$ =		OR	+s =		
						TOTAL ADD'L FEE	-	OR	TOTAL ADD'L FEE		
١,	2/2/05	(Column 1)		(Column 2)		700 E 1 E E	<u> </u>	]	ADDLICE		
NT B	7,	CLAIMS REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total * (37 CFR 1.16(c))	24	Minus	74	=		x \$=		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(b))	3	Minus	3	=		x \$=		OR	× \$=	
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		(Column 1)		(Column 2)				-			
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	If the entry in column							<b>—</b>	ı Ç.,		
	* If the "Highest Num The "Highest Num	nber Previously	Paid For I	N THIS SPACE	is less than 3, e	nter	<b>"3"</b> .	the appropria	ite box in c	olumo 1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P	ATENT			ON FEE (			VAILABL	E	COF	Application /	on or t	Docket Nur	nber
CLAIMS AS FILED - PART I									SMALL E				T THAN
(Column 1) (Column 2)								)			OR		ENTITY
FOR				73					RATE	FEE	-	RATE	FEE
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TOTAL CHARGEABLE CLAIMS				/3 m	inus 20=	• 53			X\$ 9=	477	OR	X\$18=	
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MULTIPLE DEPENDENT CLAIM PRESENT								+140=	1	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	847	OR	TOTAL	
CLAIMS AS AMENDED - PART II											_	OTHER	
4		(Colum CLAIM	S		(Colur HIGH	EST	(Column 3)	ſ	SMALL	ADDI-	OR 1	SMALL	
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t the er	ntry in colum	nn 1 is less II	an the	entry in colu	mn 2. write '	"O" in col	imn 3.	L	+140=		OR	+280=	
" If the "	lighest Nun	nber Previou:	sly Pai	d For IN THIS	S SPACE IS	less than	20, enter "20."	ΑE	TOTAL DOIT, FEE		OR A	TOTAL DDIT. FEE	
The H	ighest Num	ber Previous	ly Paid	For (Total or	Independer	nt) is the	highest number	toun	d in the app	ropriate box	in cobi	mn 1.	